L18000054476

(Re	equestor's Name)	
(Ac	ldress)	
(Āc	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Da	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	

12



300336040643 11/27/19--01021--007 **25.00

S TALLENT

DEC 0.2 2019

	40N 6167	0.0
AF ASSUCE	27 AM 8: 24	

Amera

t ¹	-	۲	. •	
		ı.		

COVER LETTER

TO: **Registration Section Division of Corporations**

Gray LLC TRETO CONSTRUCTION Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN TRETO Name of Person

Thete Contraction Cray, LLC

8505 COLLEEN CT

TAMPA FL 33615 City/State and Zip Code

E-mail address: (to be used for future annual report nonfication)

For further information concerning this matter, please call:

WAN TROTO

at (<u>*S*13</u>) <u>*G00-8653*</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A	MENDMENT			
TO ARTICLES OF OR OF	GANIZATION			
INETO CONSTRUCTION (Name of the Limited Liability Company : (A Florida Limited Liab	as it now appears on our	LLC records.)		
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{180000544776}{180000544776}$			nd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	<u>y company here</u> :			
The new name must be distinguishable and contain the words "Limited Liability C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation	1 "LLC" or the abbreviat	ion "L.I. 2019	C."
Enter new mailing address, if applicable:			72 YON 61	
(Mailing address MAY BE A POST OFFICE BOX)			AH	500
-			<u>8</u>	0
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our re	cords, <u>enter the n</u>	≥ ₽ ame_o	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ____

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	AMAUDA TRETO	8505 Collian CT	O Add
		8505 collian CT TomPA pl 33615	E Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
	·		🗖 Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
		·	Remove
			Change

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
<u> </u>					<u> </u>
·	<u>_</u>	<u> </u>			
		•			
	· -				
			-		-
		·	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
				_	

E. Effective date, if other than the date of filing: ____ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 77 2019

Signature of a member or authorized representative of a member

JUAN TRETO

Page 3 of 3

Filing Fee: \$25.00